

Appleton, WI. He has served his parish for the last 31 years. Early on, his church had just a few hundred members. He has seen kids in his parish grow up to have kids of their own. Now his congregation is well over 2,600 strong.

As many in Appleton will tell you, Reverend Ellisen's ministry has touched so many families beyond his church's walls. He has been a tireless advocate for cancer research, treatment, and education. His work as an ambassador and fundraiser for the American Cancer Society has taken him to every corner of our State and every corridor of Congress. His message is unwavering: If we work together, we can beat this terrible disease.

Yet he may be best known in the community for helping comfort the terminally ill. Through his work with the Visiting Nurse Association, he started the first hospice program in Appleton many years ago.

I had the privilege of introducing Reverend Ellisen on the Senate floor in 1997. Much has changed in the world, but he has remained the humble, compassionate person I met a decade ago. And, thankfully, his important work endures.

We need to hear his hopeful invocation today. I thank Reverend Ellisen and his family for joining us.

I yield the floor.

RESERVATION OF LEADER TIME

The ACTING PRESIDENT pro tempore. Under the previous order, the leadership time is reserved.

MORNING BUSINESS

The ACTING PRESIDENT pro tempore. Under the previous order, there will now be a period for the transaction of morning business for 60 minutes, with Senators permitted to speak therein for up to 10 minutes each, with the time equally divided and controlled between the two leaders or their designees, with the Republicans controlling the first half and the majority controlling the final half.

The Senator from Florida.

SCHIP

Mr. MARTINEZ. Mr. President, I want to talk this morning on the much-talked-about subject of SCHIP. In this Chamber over the last several days—and I would say all over the Nation—there has been a lot of conversation about the future of the State Children's Health Insurance Program and whether this side will budge or that side will nudge the other one or who will blink first.

Clearly, we are at an impasse. Today, the President's veto of this bill—which will enlarge Government by \$35 billion—will be sustained in the House, I believe. Then we will find ourselves at a place where we have to regroup and

decide how to proceed in reauthorizing this very important program. It is an important program, and a program so many of America's children have benefited from, and one for which I believe we need to find a way to move forward.

I want to add my voice to those who have called for the program's reauthorization. This is a program that is working. It works in the State of Florida. It is a program that helps children. I know a lot of Florida children have been helped by it. So we have to find a way we can come together in the spirit of the program so every child who needs health care has the needed access to health care.

We should take great care, however, to avoid switching SCHIP from being a program aimed at helping poor children to a program that moves us toward a Government-sponsored, Government-run health care system. That would not serve the people in the program, and it would not serve the greater cause of reforming the bigger problem we have, and which we also have to address, which is our entire health care system.

The bill the President vetoed would have allowed coverage to the point where we would have essentially encouraged families who are today receiving coverage through private insurance to drop that insurance in favor of Government-sponsored health care coverage. I do not think that is the way to move forward with health care reform. I do not think that policy would lower health care costs or increase the access to quality health care. Both are important goals.

In talking with people in my State of Florida, they want to see SCHIP reauthorized. They want to help poor children who need health care. They understand the debate we are having, and they want a better alternative than anything that is on the table right now. So we are at an impasse. But I think we can find common ground. A real compromise needs to be reached, one that keeps the spirit of SCHIP, one that adds provisions to help find children currently eligible for assistance and signs them up for insurance.

We need a compromise that does not simply broaden the program's eligibility so people in private health insurance are forced to move to Government-sponsored health insurance because an employer sees an opportunity to save money. That is why later today I will introduce an alternative SCHIP reauthorization program composed of three elements—a full reauthorization of SCHIP, a child health care tax credit, and an aggressive outreach program to ensure all children eligible for the program have the opportunity to sign up for the insurance.

The first element enacts a full reauthorization of SCHIP, where we continue to cover children in families with incomes at or below 200 percent of the Federal poverty level.

The second element of my proposal advances tax credits to families with

incomes between 200 and 300 percent of the poverty level. If a family does not have insurance, a credit provides the resources necessary to go out and purchase health insurance. Families would have the ability to purchase health insurance, health care coverage tailored to their children's unique needs.

The third element would enhance outreach for children who are currently eligible for SCHIP coverage but who are not currently enrolled.

It is estimated between 500,000 and 1.5 million children who are today eligible for SCHIP are not enrolled simply because families do not know the program is available to them.

Make no mistake: The underlying debate is not whether we are going to provide health insurance for our Nation's children. We all agree that our society can ill afford to not take care of children in need. The dispute is how are we best to achieve that goal.

One of the major differences between the vetoed SCHIP program and my alternative is that the vetoed bill created a newly eligible population and moved them into a system of Government health insurance. My proposal is patient focused. It retains for families the choice of providers and practitioners and gives parents the resources necessary to add their children to their existing health care plan.

Where our proposals are similar is in the number of children we insure. Under my proposal, 10 million children would have access to health insurance. That is the same number who would have been covered by the vetoed bill.

It is essential we come together as Republicans and Democrats to talk about a viable alternative, about how we can get this done, about something that would ensure the reauthorization of SCHIP and that expands rather than diminishes private health care coverage for children.

I would be willing to continue to discuss this issue in a way that allows us to debate whether in the reauthorization part of this bill—the \$5 billion probably is not enough to cover all of the children who need to be insured under this program. I think a larger number than that \$5 billion is necessary, probably closer to \$10 billion.

But once we did that, then how do we go about covering that 200 percent to 300 percent of poverty—those working families who still cannot find a way to insure their children without Government assistance? We would do that through a tax credit. That tax credit would also be beneficial. It would be a way of allowing them to continue to have a private health care option, which I think is always preferable.

The insurance marketplace would adjust and continue to innovate in a way that I think would give us a much stronger, much better health care system for the children of America who so much need insurance for themselves and for us to be sure we have a healthy future for them.

I look forward to continuing to work with my colleagues in the coming days